

APPENDIX C – 1

Subcontract Reports and Outreach Database Records

Internet Connectivity

Arizona Internet Connectivity Program

OUTREACH DATABASE RECORD

SEC SOURCE ID [TO BE COMPLETED BY NLM]

ID NUM [TO BE COMPLETED BY NLM]

NLM PROG [TO BE COMPLETED BY NLM]

NLM CONTRACT [TO BE COMPLETED BY NLM]

ACTIVITY TYPE RML Subcontract

FUNDING TOTAL \$15,000.00

STARTDATE 00/07/01*
*Although the official start date was July 1, 2000, the project didn't actually begin until the end of September, 2000 due to administrative problems in getting the necessary paperwork signed.

ENDDATE 01/06/30

INST NAME University of Arizona
Rural Health Office

ADDRESS 2501 E. Elm St.

CITY Tucson

STATE CA

ZIP CODE 85716

REGION 07 Pacific Southwest Region

CONGRESS DIST This was a statewide project. The home office for this project is in Congressional District #5. Training sessions were also conducted in:

Congressional District

Benson, AZ	5
Ft. Defiance, AZ	6
Pinetop, AZ	6
Willcox, AZ	5

COUNTY Apache
 Cochise
 Pima

INST CONTACT Patricia Aufflick, MLS
 Learning Resource System Coordinator
 (520) 626-7946 ext. 132

COLLABORATOR (S)

INST TYPES Hospital/Medical Center
 AHEC

TITLE Arizona Internet Connectivity Program

RML GENERAL OUTREACH ACTIVITIES

PURPOSE

The Pacific Southwest Regional Medical Library identified 21 Network members in their Network Membership Database who had no access to the Internet. The Rural Health Office at the University of Arizona was asked to use the PSRML model to increase the number of Internet connected libraries.

OBJECTIVES

- Target Arizona Network members who are not connected to the Internet as identified in the Network Membership Database, to participate in the project and get connected;
- Establish contacts at each of the participating institutions to help coordinate activities for this project;
- Provide training in the use of PubMed, other NLM databases, and Internet resources;
- Provide assistance to connect targeted libraries to the Internet;
- Provide Loansome Doc support to participating institutions.

SETTING

This project was designed as a statewide project encompassing all of Arizona.

FOCUS

Health Professionals working with Minority Population*
Health Professionals working with Native American*
Health Professionals working with Hispanic*
Rural*

*This project was NOT designed specifically to target these groups, but in the course of conducting the project, the principal investigator interacted with and taught workshops to the groups mentioned.

DESIGN

Initially all institutions were contacted by letter. They went to both the CEO and Chief of Staff inviting them to attend an informational workshop at the annual Rural Health Conference.

Interest was minimal, so a second letter was sent to both the CEO and Chief of Staff providing more information about the availability of computers, access to the Internet, training, and CME credits.

Follow-up phone calls were made to ascertain which institutions would be interested in holding workshops and/or talking about setting up an information workstation and gaining access to the Internet.

Workshops were set up with interested institutions.

PARTICIPANTS

Physicians*

Nurses*

Allied Health*

*I am unable to provide number of participants, because a student who was working on the project took all the documentation, resigned, and then wouldn't return the records for the project.

INTERVENTIONS

The project was designed to offer regional workshops in five sites around the state, followed up with individual workshops at institutions desiring them. Because there was so little interest across the board, the regional workshops were dropped and only individual workshops were held.

Both CEOs and Chiefs of Staff were contacted, because it was felt that the CEO in all likelihood would throw the letter away and the Chief of Staff would have a better feel for the information needs of the health professionals. That is fact proved true in at least one of the institutions where the CEO responded to the letter indicating there was no interest in nor no need for a workshop while the Chief of Staff expressed an interest in hosting a workshop. One was later held at that site.

These dual letters also pointed up the different perspectives in one institution where a training session was held. Staff were excited about having a computer sent to them and were discussing where to place it and how to connect it to the Internet while the CEO was in the midst of getting a "good price" on computers and felt there was no need for a computer from the RML and

consequently, decided that his institutions would not receive a computer and access to the Internet via this project.

Both PubMed and MEDLINEplus were included in the workshops. CME credit was offered through the RML.

The project P.I. talked with institutions about their need to be connected to the Internet and/or their need for a dedicated health information computer. In general we found through our phone contacts that ALL institutions had access to the Internet; however, within an institution there might only be one or two work stations that could access the Net.

OUTCOME MEASURES

The effectiveness of this project was going to be measured by the number of institutions that were connected to the Internet. There was a basic flaw with this approach. The P.I. and the RML made the assumption that the Network Membership Database was accurate and that the 21 institutions did not have access to the Internet. That did not prove to be the case. All institutions that were contacted had access to the Internet.

Consequently, it can be said that the project had a 0% success rate because no new institutions were connected to the Internet yet all institutions were already connected to the Internet so that was really not a valid way to measure the outcome of this project.

Three training workshops were held and in general the evaluations were very positive. Health professionals were very happy to learn about PubMed and MEDLINEplus. It would have been interesting to do a follow-up survey to see if any of the workshop participants had later visited either of these sites as a measure of success, but that was not built into the original design and evaluation of this project.

RESULTS

Results: (objective)

Four workshops were conducted - three offering training on PubMed and MEDLINEplus and one information session at the Rural Health Conference. In general, participants came away from the training workshops with a greater knowledge of NLM resources. Whether or not they will use these resources remains to be seen.

Although all sites where training was held were shown how to use Loansome Doc and order articles from the Rural Health Office Library, none have done so during the course of the project. However, one of the 21 institutions was part of an earlier NLM Information Access Grant and had similar workshops conducted on site. Several of the physicians from this institution continue to order article via Loansome Doc.

CONCLUSIONS

Conclusions: (subjective)

1. Information in the Network Membership Database is not accurate.
2. Access to the Internet is no longer an issue - even for small, remote, rural institutions.
3. The issue is how widespread is access to the Internet within an institution.
4. Offering PubMed workshops has little meaning for most health professionals. They know Medline or Cinahl, but not PubMed. (The Arizona Health Sciences Library was asking patrons to test various web sites. One of the questions was, "Find out when the next MEDLINE class is being held." The patrons went to the correct "education" site, but when they saw PubMed, they didn't know that that was the answer to the Medline question.) There needs to be a different way to publicize and promote these workshops that hits a responsive chord with health professionals.
5. We as librarians think that health professionals should want to know about and use NLM products, but we are not approaching them in a manner that catches their attention and makes them want more information. It would be worthwhile to conduct focus groups with physicians/nurses to find out how to reach them better. What kind of message appeals to them? Are workshops the best format? Would they be interested in video-streaming? When would they be available for learning new things, etc?

TRAINING SITES

Rural Health Conference, Pinetop, AZ
Benson Hospital, Benson, AZ
Northern Cochise Community Hospital, Willcox, AZ
IHS Ft. Defiance Hospital, Ft. Defiance, AZ

FOLLOWUP

1. Update Network Membership Database
2. Discuss using focus groups to find better ways to approach this

ENTRY MONTH [TO BE COMPLETED BY NLM]

LAST REV DATE [TO BE COMPLETED BY NLM]

GENERAL NOTES

Q-PROMOTION/MARKETING

Letters were sent to CEOs and Chiefs of Staff discussion the project and offering to conduct workshops.

Additional information about PubMed and MEDLINEplus was faxed to interested institutions - they weren't sure what PubMed and MEDLINEplus were.

Q-TRAINING ISSUES

When doing rural outreach training, the rule of thumb is to expect the unexpected, take a 50 ft. telephone line to plug into the laptop and wherever there might be a working phone jack, and ALWAYS have a Plan B.

The three sites for this project were actually pretty good - all in all. The workshop at the Benson Hospital was held in the cafeteria. There was no air conditioning that day and it gets pretty hot in Arizona even in the spring, so the doors were wide open and we had flies learning about PubMed and MEDLINEplus.

For some reason that day, Loansome Doc wasn't working. Unfortunately, I had forgotten to bring transparencies trusting that the phone line and connection to the Internet would work. The latter two were OK, but unexpectedly things were down at NLM.

There were no problems at the Willcox Hospital and amazingly at the IHS facility in Ft. Defiance, they had a computer training room with 10 work stations that was excellent for our purposes.

Q-EQUIPMENT/TELECOMMUNICATIONS

The only problem encountered during this project, was that the laptop used for training was dropped and developed a hum. It was unfixable. Consequently, when it was used in Benson and Willcox, the hum was part of the presentation. However, it was masked beautifully in Benson. The air conditioning was out and they had a unit fan going in the cafeteria which was very noisy so the participants were really unaware of the computer problems.

Q-PERSONNEL/STAFFING

This project attempted to do too much with too little money and not enough staff time. When the P.I. was informed that there was unspent money in the salary line which could be used to hire a student, that helped tremendously. The student was able to verify each institutions access to the Internet and return class to schedule workshops, etc.

Q-BARRIERS

This project was problematic from the start.

Although the project was scheduled to start on July 1, there were administrative delays on both ends. Consequently, the project did not actually begin until the end of September.

There was an overwhelming lack of interest in or lack of knowledge about PubMed and MEDLINEplus making it a "hard sell."

CEO and health professionals had different perspectives on the needs of the institutions and the staff.

As the P.I. was calling one institution to confirm that there was a working phone jack for the workshop, she was told that the workshop had been cancelled because it was too long. [The workshop was scheduled for one hour. Driving time to this location was two hours one way or a total of four hours to do a one hour workshop.]

Q-RECOMMENDATIONS

1. Update the Network Membership List
2. Brainstorm with health professionals on the best ways to promote this service and the best methods of delivery

Q-IMPACT

The health professionals that attended the workshops were happy to learn about PubMed and MEDLINEplus and indicated that they would visit the sites at a later time. Whether or not they actually do use these sites is hard to determine. In terms of impact, there is nothing measurable.

None of the institutions took advantage of the offer of a computer to use for the health information needs of the institution. Since the P.I. received mixed messages about this perceived need, its hard to say whether or not this is an actual need.

The one thing that is very clear is that they rural institutions are NOT aware of the tremendous development going on at the National Library of Medicine nor their right to use these resources free of charge. That message needs to be conveyed in a way that will grab their attention and make it appears to be a desirable way to use their time.

Arizona Internet Connectivity Program
Rural Health Office
University of Arizona
2501 E. Elm St.
Tucson, AZ 85716

April 1- June 30, 2001

P.O. # 5415 V BB678 00

Patricia A. Auflick
Rural Health Office
2501 E. Elm St.
Tucson, AZ 85716
(520) 626-7946 ext. 132

August 21, 2001

NUMBER OF LOANSOME DOC REQUESTS

We continue to receive Loansome Doc requests from Casa Grande Regional Medical Center; however it is only one physician who continues to place the requests. The following are his requests for the months indicated:

Loansome Doc Requests

Jan. 2001	2
Oct. – Dec. 2000	9
July - Sept. 2000	9

I. Success Stories

Workshops were held at the Northern Cochise Community Hospital in Willcox on May 16th and the I.H.S. Hospital in Ft. Defiance on June 21st. The groups seemed receptive to the information.

IMPACT OF INFORMATION

In general, the workshop participants are pleased to learn about PubMed and MedlinePlus.

There are always questions about whether or not they will be able to access these sites from home; however there is no way to determine if they do actually go to the sites to find health information.

II. Problems

A workshop was scheduled for the Globe Hospital in early June. When the P.I. called to make sure that there was a live phone jack in the room, she was told that the workshop had been cancelled because it was too long. The workshop was scheduled to run one hour and cover the material outlined by NLM so that c.m.e. credit could be awarded. In addition, the site was a two hour drive from Tucson one way. The workshop was cancelled and no further contact was made with the institution.

There were no rooms available, so a workshop on MedlinePlus and consumer health resources was not offered at the Rural Health Conference in Prescott.

III. Administrative Activities

A student was hired during this quarter to assist in making follow-up calls, scheduled workshops, update information for the Network Membership Databases, and prepare hand-outs for the workshops. Initially, she proved to be very helpful, but when the P.I. requested that she return work that she had been allowed to take home and complete – things became more complicated. The files were not returned and the student ended up resigning. When requests were made that she return the missing files/information, that was not done. Consequently, records for this project are scanty which has made it difficult to compile information for the final report.

IV. Activities for Next Quarter

The final report will be written and submitted.

Loansome Doc requests will continue to be filled.

Member Libraries - Status of Internet Connections and PubMed Workshops

City	Institution	LIBID	Contact Person	Phone/Fax	E-mail	Internet Connection	PubMed CME training	Notes
Benson	Benson Hosp. Med. Library	AZUZFC	—	(520) 586-2261		yes - phone lines	March 22, 3 p.m.	
Casa Grande	Casa Grande Regional Hosp. Libr.	AZUGFR	Kelly Carter	(520) 426-6517 426-6599 fax	Kcarter@cgrmc.org	yes - phone lines		Part of NLM grant 1999-2000
Chandler	Chandler Regional Hosp. Libr.	AZUDLR	—	--				
Chinle	Chinle Comprehensive Hlth Care Facility, IHS Med Staff Lib	AZUGGU	—	--				
Douglas	Southeast AZ Med Ctr Lib	AZUZFB	Carl Sproule, Coord. Med. Svcs.	(520) 364-7931, ext. 3487		don't know		4/25, left message
Fort Defiance	Public Health Svcs. Indian Hosp. Med. Library	AZUGGV	Elizabeth Leister, MD	(520) 729-32113	Elizabeth.Leister@fdih.ihs.gov	T-1 line	Confirmed for June 21, 10 a.m.	Yes; very interested; please send information

City	Institution	LIBID	Contact Person	Phone/Fax	E-mail	Internet Connection	PubMed CME training	Notes
Globe/ Claypool	Cobre Valley Comm. Hlth. Med. Library	AZUGGE	Linda Youngman	(520) 402-1175			Confirmed for June 12, 6pm	Cancelled - too long
Kingman	Kingman Regional Med. Ctr. Library	AZUGGR	Beverly Thompson	(520) 757-0605				4/25, fast busy, 1:45 & 3:10 pm
Mesa	Mesa General Med. Ed/Libr, 515 N. Mesa	AZUBRP	Judy Haines	(480) 461-6437		Yes		Booked past June.
Mesa	Valley Lutheran Hos.	AZUGFQ	Joyce Kern	(480) 461-2189		T1 line		4/25, left message
Parker	CRIT Public Library	AZUGFV	Amelia Flores	(520) 669- 9211 x 285		phone lines		part of NLM grant; part of tribal connect
Parker	La Paz Reg. Hosp. Library	AZUGFW		(520) 669-7300				Tribal connections
Parker	Parker Public Library	AZUGFX	Jana Ponce	(520) 669-2622				Tribal connections

City	Institution	LIBID	Contact Person	PHONE/FAX	E-mail	Internet Connection	PubMed CME training	Notes
Phoenix	St. Lukes Medical Ctr. Rosenzweig Hlth Sci Libr	AZULKA	Teresa Cordero	(602) 251-8153				Will call us in May
Scottsdale	Samaritan Behavioral Hlth Ctr. Med. Libr.	AZUCBN	Joanne, Med. Staff Svcs.	(480) 941-7509; FAX, 941-0890				Please fax information
Somerton	Sunset Hlth Ctr. Med. Libr.	AZUGFZ	Mary Castillo	(520) 627-2051; FAX, 627-3857		Only connection for doctors is in clin. manager's office (phone line)		Send lit./info to Mary, PO Box 538, Somerton, AZ 85350
Springerville	White Mtn Reg. Med Ctr Resource Libr	85938A	Pattie, Admin.	(520) 333-7173	ptijerino@cybertrails.com	Doesn't know		4/25, left message; physician mtg. May 7
Tucson	Ronald MacDonald House	AZUGGI	Sharon Gilbert	(520) 326-9003	sgilbert@rnhctucson.org	phone connection		

City	Institution	LIBID	Contact Person	Phone/Fax	E-mail	Internet Connection	PubMed CME training	Notes
Wickenburg	Wickenburg Reg. Med Ctr Med. Staff Libr.	AZUGGB	Sheena Benson, HR Dir., or Sandy Crowell, Admin Secy	(520)				4/25, left message; Diana Churchill is leaving 5/18
Willcox	Northern Cochise Comm. Hosp Med. Libr.	AZUZFF	Marchand Conyer	(520) 384-3541, ext. 220		Yes - 2 computers in hospital	Yes. May 16, 12:30, lunch provided	

CAMIL (Computer Assisted Medical Link)
OUTREACH DATABASE RECORD

SEC SOURCE ID [to be completed by NLM]

ID NUM [to be completed by NLM]

NLM PROG [to be completed by NLM]

NLM CONTACT [to be completed by NLM]

ACTIVITY TYPE RML Outreach Agreement

FUNDING TOTAL \$22,607.62

STARTDATE 000701

ENDDATE 010631

INST NAME Savitt Medical Library, University of Nevada

ADDRESS Savitt Medical Library/306
University of Nevada School of Medicine

CITY Reno

STATE NV

ZIP CODE 89557-0046

REGION 07

CONGRESS DIST Nevada – 2nd; California – 2nd, 40th

COUNTIES Nevada – Elko, Lander, Lincoln, Mineral & Washoe;
California – Lassen; Inyo

INST CONTACT Joan S. Zenan, Director, 775-784-4625

COLLABORATOR(S)

INST TYPES Academic Health Sciences Center; AHEC

TITLE CAMIL 3

RML GENERAL OUTREACH ACTIVITIES

PURPOSE To address the information needs of selected rural clinics in Nevada and on the Nevada-California border area that is serviced by the Savitt Medical Library and the University of Nevada School of Medicine.

OBJECTIVES

1. Establish reliable Internet connections within selected rural health clinics
2. Establish contacts at participating rural health and Indian Health Service clinics to help coordinate activities in this project.
3. Provide training in the use of PubMed, other NLM databases, and health resources on the Internet.
4. Promote awareness of information resources and services through a variety of methodologies.

SETTING Computer and printer equipment will be installed and Internet connectivity established at rural health clinics. A router will be installed at the Battle Mountain Clinic. Training will take place on site when their health professionals are available to be trained.

FOCUS No identified focus group

DESIGN Nevada AHEC staff, Gerald Ackerman, Director, and Ned Chaney, technician, along with Savitt Medical Library's two professional librarians, Joan Zenan, Director, and Terry Henner, Information and Education Services Librarian, planned the sequence of the project. AHEC staff were to establish the contact persons at each site, order and prepare the workstations for installation, install and test the workstations, and give an overview on how to use the workstations to connect to the Internet. Library staff were to follow and give onsite training in how to effectively and efficiently access web-based health resources and how to search PubMed. If library staff were not able to get to the sites right away, AHEC health education staff would give the initial training.

PARTICIPANTS 7 rural health or Indian Health Service clinics in Nevada and 2 in the California border area participated in this project.

Alamo Clinic, Alamo, NV – an isolated rural health clinic, affiliated with the Grover C. Dils Medical Center in Caliente, NV, and staff by a physician's assistant.

Battle Mountain General Hospital/Battle Mountain Clinic, Battle Mountain, NV – a rural health clinic/hospital setting with T-1 line access. It is a medical and physician assistant student training site. It is a Medicare and Medicaid supported critical access hospital. The hospital serves as a compressed video teaching/telemedicine site in support of the clinic's patient care activities.

Toiyabe Indian Health Project, Bishop, CA – an Indian Health Service clinic and active training site for 4th year medical students. It is a Nevada SEARCH (National Health Service Corps) training site.

Grover C. Dils Hospital/Lincoln County Clinic, Caliente, NV – a Medicare and Medicaid supported critical access hospital. It is a very active training site for 4th year medical students as well as for physician assistant students.

Carlin Clinic, Carlin, NV – a federally funded rural health clinic that is just getting set up. It will be an interdisciplinary training site for primary care providers and social workers.

Gerlach Medical Clinic, Gerlach, NV – a federally funded rural health clinic and a Nevada SEARCH (National Health Service Corps) training site. Also a 4th year medical student and physician assistant student training site.

Pyramid Health Center, Pyramid Lake, NV – an Indian Health Service clinic and a Nevada SEARCH (National Health Service Corps) training site. Also a 4th year medical student and physician assistant student training site.

Northeastern Rural Health Clinic, Susanville, CA – a federally funded rural health clinic and a Nevada SEARCH (National Health Service Corps) training site. Also a 4th year medical student and physician assistant student training site.

Walker River Tribal Health, Schurz, NV – an Indian Health Service clinic and a Nevada SEARCH (National Health Service Corps) training site. Also a 4th year medical student and physician assistant student training site.

INTERVENTIONS Gerald Ackerman, AHEC Director, Elko, NV, contacted all sites to establish a contact person at each clinic. An AHEC Office staff person, Ned Chaney, from the AHEC office in Reno, NV, purchased all computer hardware and Internet connectivity equipment to be placed in the rural health and Indian Health Service clinics. Once the hardware arrived in the AHEC office, Ned set up the computer to fit the setting in which it was to be installed and the printer to work with computer. Then he called each site's contact person to arrange a delivery and installation date. On the appointed day, Ned drove the equipment to the site and installed it, testing it to make sure it worked. He also did some initial training on how to start the computer and access the web. On site training was to follow either by Savitt Medical Library staff or by Northern AHEC staff.

OUTCOME MEASURE There were to be two types of evaluation instruments. Standard evaluation forms for training sessions (developed by the library), and usage reports (developed by the AHEC staff).

RESULTS All equipment, workstations and router, were installed as listed in the funded proposal. We were also able to equip an additional rural health clinic site with a workstation because the library staff was not able to travel to the rural sites for the course on access to web-based health information and PubMed searching. The library staff will

follow up this next year with some on site training and will be available by phone until training takes place. AHEC staff, especially the health educators, will give some beginning training if they visit these sites before the library staff gets there. Also, at the sites where 4th year medical students do their rotation, there will be some opportunity for them to show the clinic staff the library's web page and the resources available there.

CONCLUSIONS This was a very effective grant in terms of placing workstations at 7 sites where medical student and physician assistant students do rotations. Our 4th year medical students now have access to the Internet at these rural clinics and hospitals and that means they can find needed information in electronic textbooks, journals and databases without having to call us. They also can show the health professionals working at these isolated clinics how to access the information themselves.

The other two clinic sites may take longer to get up to speed on access to health information via the web, but at least they now have access to the Internet right at their fingertips.

TRAINING SITES All sites where training has or will take place are listed above under the PARTICIPANTS heading.

FOLLOWUP The library staff will follow up on training for all these sites over the next year, and will coordinate with the NEAHEC staff concerning the level of training needed.

ENTRY MONTH [to be completed by NLM]

LAST REV DATE [to be completed by NLM]

GENERAL NOTES

Q-PROMOTION/MARKETING All promotion for selecting the sites for this project were done by Gerald Ackerman, Director, Nevada AHEC. He is completely familiar with every clinic site in Nevada. Once the sites were selected no additional promotion or marketing was attempted.

Q-TRAINING ISSUES The amount of hands-on training the library staff had hoped to accomplish during the grant period was not possible. The library was finishing up a two year Information Access for Public Health Professionals grant and their time was already committed. When we do get out to these rural clinics and hospitals, we plan on giving a combined demonstration and hands-on training session at each site. NEAHEC staff may follow up with one-on-one training when they are at a site. Also, the library staff is available for consultation by phone if questions arise before or after training.

Q-EQUIPMENT/TELECOMMUNICATIONS Every workstation installation was accomplished very successfully. No issues arose concerning the equipment or the Internet connection at the time neither of installation nor as of the date of this report.

Q-PERSONNEL/STAFFING There were four participants in this project. Gerald Ackerman, Director, Nevada AHEC, and Joan Zenan, Director, Savitt Medical Library, were co-Principal Investigators. Assisting them were Ned Chaney, technician, Nevada AHEC, and Terry Henner, Information & Education Services Library, Savitt Medical Library. Ned Chaney did an exceptional job of figuring out what kind of workstation was needed for each clinic site, locating a place the workstation could be installed, installing and testing the workstation, and showing the site contact person how to use the workstation.

Q-BARRIERS The only barrier in this project, which made it impossible to totally complete the projects goals, was the lack of travel time by the librarians so the higher level training could be given at all sites.

Q-RECOMMENDATIONS Having a longer time to complete a project this size would have helped. In a state as big as Nevada and a library staff as small as the Savitt Medical Library's, it was too challenging to travel to the 9 sites while completing another grant.

Q-IMPACT Every rural health care site in Nevada now has a connection to the Internet and access to web-based health information. This will lead to better health care for Nevada's rural residents, and better training experiences for our medical students and physician assistant students.